

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019686 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	/		/			
9	/		/			
10	2		/			
11	0		/			
12	0		/			
13	0		/			
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TOTAL IND.	5		5			
TOTAL DEP.	18	↓	14	↓		↓
TOTAL CLAIMS	13	████████	19	████████		████████

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TOTAL IND.								
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS		████████		████████		████████		████████